

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	rw	68904	3/21/00
O.I.P.E. CLASSIFIER			3/21/00
FORMALITY REVIEW	wl	67479	5-18-00
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	5-10-00
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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